

SECTION II

PART II CRIMES

- **DRUG OFFENSES**

- **VANDALISM**

- **SEX CRIMES**

THE FOLLOWING IS AN OVERVIEW
OF SELECTED PART II CRIMES IN
THE CITY OF CAMBRIDGE





N A R C O T I C S

Narcotics includes all incidents in which the police made an arrest, complaint, or warrant for the possession or distribution of illegal narcotics. Narcotics statistics do not include all instances of narcotics use or distribution; they only reflect those cases that are known to the police.

166 reported in 2007 • 111 reported in 2008

The Cambridge Police Department's Special Investigations Unit (SIU) is a specialized group of officers who deal with vice activity throughout the city on a daily basis. Targeting drug activity remains the top goal of the unit. Through strategic planning methods, the members of this unit attempt to alleviate the burdens bestowed upon society by the culture of drug use and sales. By aggressively pursuing low-level street dealers, the SIU, along with patrol officers, are able to climb the drug network and annually arrest top drug suppliers across Cambridge.

Below is a geographic breakdown of drug incidents across the 13 neighborhoods in Cambridge. Area 4, which includes part of upper Central Square, accounted for the most drug activity over the past three years.

In total, 111 drug incidents were reported in 2008 and 125 arrests were made.

DRUG ARREST SCENARIOS

There are seven common ways that the police learn about drug activity in the city. They are listed below.

1. The Cambridge Police Department Special Investigation Unit initiates an investigation or conducts a surveillance resulting in an arrest. Many of these investigations are due to information supplied by confidential sources: **39 cases**
2. A police officer on patrol observes suspicious street activity and upon further investigation discovers narcotics resulting in an arrest: **32 cases**
3. During an arrest for another crime such as disorderly conduct, the arresting officer or booking officer finds narcotics on the arrested person: **8 cases** (since this scenario often occurs at the police station itself, the number of drug incidents for the Riverside neighborhood, where the station was located until early December, can be inflated by as many as five incidents a year)
4. During a routine motor vehicle stop, a police officer observes or smells narcotics inside the vehicle resulting in an arrest: **17 cases**
5. A citizen witnesses a person or persons using drugs and notifies the police: **3 cases**
6. A Cambridge school official or court officer observes drugs use leading to an arrest: **8 cases**
7. Pharmacists discover patrons attempting to fill fake prescriptions: **4 cases**

Drug Incidents By Neighborhood				
Area	2006	2007	2008	% of total
Area 4	45	37	21	19%
Mid-Cambridge	12	16	15	14%
East Cambridge	7	20	14	13%
Riverside	11	14	14	13%
Cambridgeport	27	28	13	12%
Inman/Harrington	14	23	12	11%
North Cambridge	18	12	8	7%
West Cambridge	6	3	7	6%
Peabody	5	8	3	3%
Strawberry Hill	1	1	3	3%
M.I.T. Area	1	3	1	1%
Agassiz	1	0	0	0%
Cambridge Highlands	1	1	0	0%
Totals	139	166	111	102%*
*Total is greater than 100% due to rounding.				

DRUG TIP HOTLINE

*The Special Investigations Unit employs an anonymous Drug Tip Hotline to gain intelligence information from the community. The Unit can be reached by calling **617-349-3359**. Generally, you will be greeted by a taped message instructing you to leave very detailed information. **You do not have to provide any personal information and all information is held in confidence.***

Also, you may send crime tips to the Cambridge Police Department's Anonymous Crime Tip E-Mail address by accessing www.Cambridgepolice.org and clicking on Anonymous Crime Tip E-Mail.

*Or you can send an anonymous text message to **CRIMES (274637)**. Begin your text with **Tip650** and then type your message.*

Drug Related Activities for Which Persons are Arrested

Activity	2008
<i>Possession</i>	56
<i>Possession with intent to distribute</i> (the carrying of a significant amount of narcotics not for personal use)	39
<i>Drug Sale</i> (observed)	14
<i>Trafficking</i> (the selling, possessing or transporting of copious amounts of narcotics)	2

Types of Drugs Found On Arrested Persons

Drug	2008
Marijuana	58
Cocaine/Crack	33
Prescription Drugs	12
Heroin	7
Hallucinogens	1

The statistics in these two tables reflect only one arrest charge and one type of drug per arrested individual. A few individuals had multiple charges or more than one type of drug on them, but only the most serious was chosen in each arrest.

Summary of Overdose Incidents

Officers responded to several calls for drug-induced overdoses in 2008. While these types of incidents are generally medical in nature, police often respond to assist Fire and EMS agencies. Unlike in past years where overdoses tended to be focused in a few neighborhoods, the incidents in 2008 were spread more evenly throughout the city. Utilizing witness statements as well as evidence at the scene, such as used needles and medication bottles, officers were able to determine that prescription medications and heroin were used in most of the overdose incidents. Overdose by prescription medication accounted for almost half of all overdose incidents in 2008. Those incidents involving prescription medications were usually intentionally administered overdoses. Most of the medications were anti-depressants. The incidents of heroin overdoses may be a result of the increasing purity of available heroin. (see "Understanding Narcotics" below for more information on heroin)

UNDERSTANDING NARCOTICS

This information was compiled from the following sources:

- <http://www.drugfreeamerica.com>
- [Massachusetts Drug Threat Assessment](#), published by the National Drug Intelligence Center of the U.S. Department of Justice
- <http://www.erowid.org>
- <http://www.gazettenet.com/12192002/news/2941.htm>
- http://www.Townonline.com/Lincoln/news/local_regional/lin_newljdrugs12242002.htm.

Massachusetts Drug Classifications

Drug types are classified under 5 different substance categories in Massachusetts: Class A, B, C, D, and E:

- Class A Substances include Heroin and other opiates such as Morphine; some designer drugs such as GHB; and Ketamine (Special K).
- Class B Substances include Cocaine; prescription opiates such as Oxycotin/Oxycodone; LSD; Ecstasy (XTC); Amphetamine (speed); and Methamphetamine (meth).
- Class C Substances include prescription tranquilizers, mescaline, psilocybin/mushrooms, peyote, and some medium doses of prescription narcotics.
- Class D Substances include Marijuana (pot), cheryl hydrate, and some lesser doses of prescription drugs.
- Class E Substance charges are typically for lighter doses of prescription narcotics.



MARIJUANA (*pot, weed, grass, dope, herb, bud, Mary Jane*)

Marijuana is the most widely used drug in America. This green or brown dried mixture of leaves, stems, seeds, and flowers from the hemp plant is smoked through a pipe, bong, or marijuana cigarette often called a joint or blunt, to produce a gradual high. Less common forms of the drug are hashish or hashish oil.

Smoke from marijuana contains 50-70% more carcinogenic hydrocarbons than that of tobacco cigarettes. Besides health factors, marijuana affects a user's alertness, concentration, perception, coordination, and reaction time. Tetrahydrocannabinol (THC), the main active chemical in marijuana, changes the way sensory information gets into and is processed by the part of the brain that is crucial for learning and memory.



HEROIN (*smack, H, dope, horse*)

Heroin is a highly addictive drug derived from morphine, which is obtained from the opium poppy. It is a “downer” that affects the brain’s pleasure systems and interferes with the ability to feel pain. Heroin can be used in many ways, depending on the user’s preference and drug purity. Heroin is fast acting, especially when injected or smoked. Injected heroin reaches the brain in 15 to 30 seconds; when smoked, it causes a reaction in seven seconds. The high from heroin is experienced as intense pleasure. Once a person begins using heroin, they quickly develop a tolerance to the drug and need more and more to get the same effect.

Epidemiologists agree that heroin is the most under-reported drug in terms of usage and that any usage statistics are unreliable. The latest estimates report 379,000 past-year users and 136,000 past-month heroin users (National Survey on Drug Use & Health, 2005). However, some experts estimate that as many as two to three million people in the United States use heroin recreationally. In 1980, the average bag of street heroin was 4% pure; the average bag today is 40% pure and can be as pure as 70%. Increased purity results in snorting and smoking rather than injecting. Heroin use in the state has risen sharply over the last decade, particularly among young men ages 18-24 who are buying cheaper and purer forms of the drug.

COCAINE and CRACK COCAINE (*coke, crack, snow, blow, freebase, rock*)



Cocaine is a drug extracted from the leaves of the coca plant. It is a potent brain stimulant and one of the most powerfully addictive drugs. Cocaine is distributed on the street in two main forms: cocaine hydrochloride, which is a white crystalline powder that can be snorted or dissolved in water and injected; and "crack," which is cocaine hydrochloride that has been processed with ammonia or sodium bicarbonate (baking soda) and water into a freebase cocaine. These chips, chunks, or rocks can be smoked.

Cocaine may be used occasionally, daily, or in a variety of compulsive, repeated-use "binges." Regardless of how it is used, cocaine is highly addictive. Crack cocaine and injected cocaine reach the brain quickly and bring an intense and immediate high. Snorted cocaine produces a high more slowly.

Cocaine can produce a surge in energy, a feeling of intense pleasure, and increased confidence. The effects of powder cocaine last about 20 minutes, while the effects of "crack" last about 12 minutes. Heavy use of cocaine may produce hallucinations, paranoia, aggression, insomnia, and depression. Cocaine's effects are short lived, and once the drug leaves the brain, the user experiences a "coke crash" that includes depression, irritability, and fatigue. Long-term effects include heart problems, respiratory problems, sleep and appetite problems, and harm to developing children if used by a pregnant woman.



DESIGNER DRUGS (*Ecstasy, X, E, Special K, LSD*)



Designer drugs are a class of drugs often associated with "raves." Designer drugs are modifications of restricted drugs, made by underground chemists in order to create street drugs that are not specifically listed as controlled (i.e., restricted) substances by the Drug Enforcement Administration. Changing the molecular structure of an existing drug or drugs to create a new substance, like Ecstasy (MDMA), creates a designer drug. The street names of designer drugs vary according to time, place, and manufacturer. Because unlicensed and untrained amateurs create designer drugs in clandestine laboratories, they can be extremely dangerous. In many

cases, the designer drugs are more dangerous and more potent than the original drug. The pharmaceutical drug, fentanyl, was originally created for anesthesia during surgeries. Designer drugs derived from fentanyl are extremely potent and have a strong potential for overdose. They have been associated with hundreds of unintentional deaths in the United States. They are also short lived, about 30 to 90 minutes. Increasingly the drug is sniffed or smoked, in part to avoid getting HIV via infected needles. The respiratory paralysis that may occur is so sudden after drug administration that often victims who injected the drug are found with the needle still in their arm.





OXYCONTIN

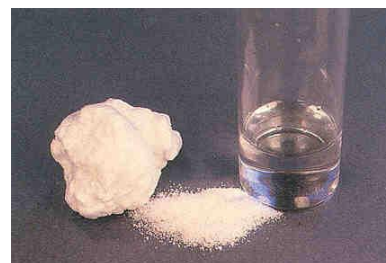
OxyContin (oxycodone HCl controlled-release) is the brand name for an opioid analgesic - a narcotic. Oxycodone is the narcotic ingredient found in Percocet (oxycodone and acetaminophen) and Percodan (oxycodone and aspirin). OxyContin is used to treat pain that is associated with arthritis, lower back conditions, injuries, and cancer. OxyContin is available by prescription only. It is approved for the treatment of moderate to severe pain that requires treatment for more than a few days.

OxyContin abusers remove the sustained-release coating to get a rush of euphoria similar to heroin. They chew the tabs, crush them for snorting, or boil the powder for injection. The most serious risk associated with opioids, including OxyContin, is respiratory depression. Common opioid side effects are constipation, nausea, sedation, dizziness, vomiting, headache, dry mouth, sweating, and weakness. OxyContin is oxycodone in a sustained release form and that is why the tablet should not be broken. Taking broken, chewed, or crushed tablets could lead to the rapid release and absorption of a potentially toxic dose of oxycodone.

In 2001 and 2002, there was a surge in robberies of pharmacies carrying OxyContin in Massachusetts. There is so much money to make with OxyContin that stealing and selling the drug has become irresistible to dealers and addicts who can get their hands on it. As a result, many pharmacies in the area have stopped stocking the drug in order to deter robbers.

GBH (GAMMA HYDROXYBUTYRIC ACID) (*liquid ecstasy, easy lay, soap*)

GHB is known as the “date-rape” drug. This odorless, colorless liquid can be easily dropped into an unsuspecting victim’s drink. GHB is also available in a white powder form. When ingested, the victim, often a woman, feels drowsy, dizzy, nauseous, and suffers loss of memory. Large amounts of the drug have been known to cause death. Sexual assaults are often accompanied with this drug due to the victim’s inability to resist and the lack of memory of past events caused by the drug. In the recent past, this drug has appeared on college campuses and at large dance parties called “raves.”



METHAMPHETAMINE (*Meth, Speed, Crank*)



Methamphetamine is a stimulant, which may be prescribed or “home cooked,” and comes in several shapes and sizes. A white powder, chunky crystals, and pills are all available forms. The drug can be taken through injection, snorting, smoking or oral ingestion.

Clandestine labs in California and Mexico are the primary source outputs for meth. Labs are easily movable allowing for a hard approach when targeting distribution. Meth use is on the rise among the American public and is making its way northward from the southern and western parts of the country where it is more popular.

MALICIOUS DESTRUCTION

Malicious destruction, or vandalism of property, includes tire-slashing, window-smashing, spray-painting, and a myriad of other crimes in which someone's property is willfully and maliciously damaged. It is the most commonly reported crime in Cambridge, yet we suspect that vandalism is one of the most underreported crimes; residents and businesses frequently ignore "minor" incidents of vandalism and graffiti.

699 reported in 2007 • 649 reported in 2008

There were 649 incidents of malicious destruction, or "vandalism," reported in 2008. Malicious destruction in Cambridge decreased by 7% from 2007 to 2008.

Area 4 saw a 67% increase in the number of vandalism incidents reported in 2008. North Cambridge and Riverside also experienced large increases in vandalism, rising 29% and 23%, respectively. These three neighborhoods together experienced 67 more incidents in 2008 than in 2007.

VANDALISM BY CATEGORY

Category	2007	2008
Car window smashed	193	134
Dents/other damage to car	170	109
Tires slashed or punctured	61	81
Scratches, "pinstripes"	35	41
Attempted theft	22	19
Total Damage to Autos	481	384
Misc. damage at residences	44	50
Window of residence smashed	24	23
Total Damage to Residences	68	73
Window of business smashed	40	33
Misc. damage to businesses	26	41
Total Damage to Businesses	66	74
Graffiti	69	110
Miscellaneous damage	15	8

Vandalism By Neighborhood

Area	2007	2008	% Change
Area 4	54	90	+67%
East Cambridge	107	90	-16%
North Cambridge	68	88	+29%
Cambridgeport	85	77	-9%
Inman/Harrington	73	60	-18%
Riverside	48	59	+23%
West Cambridge	52	50	-4%
Peabody	83	52	-37%
Mid-Cambridge	76	44	-42%
Strawberry Hill	23	14	-39%
Cambridge Highlands	8	11	+38%
Agassiz	17	9	-47%
M.I.T. Area	5	5	No Change
Totals	699	649	-7%

A Closer Look at BB Guns in Cambridge

Included in the malicious destruction statistics are six incidents where damage was potentially committed with BB guns. Also known as pellet guns and Airsoft guns, BB guns get their name from the Ball Bearings or BB's that they fire. These are usually metal and in some instances plastic. The guns propel the BB with either a spring or pneumatic pressure. They are fired at a fast enough velocity to break windows and injure humans and animals.

Massachusetts Law outlines the requirements for owning a BB gun in Chapter 269, Section 12B. In short, no one under 18 can carry a BB gun in public and no one can fire a BB gun into, from, or across any public street.

BB Gun Incidents Summary

6	Total Incidents in 2008
1	Occurred on a Weekend
3	Occurred Overnight
1	Involved Broken Business Windows
3	Involved Broken Car Windows
2	Involved Broken House Windows
2	Occurred in East Cambridge
4	Occurred in Inman/Harrington

SEX OFFENSES

Sex Offenses include six crimes of a sexual nature: annoying and accosting, indecent assault, indecent exposure, obscene telephone calls, peeping & spying, and prostitution & solicitation. Rape is not included because it is a Part I crime.

81 reported in 2007 • 111 reported in 2008

Annoying & Accosting

Annoying and accosting a member of the opposite sex is a form of criminal harassment. (Note: Incidents involving phone call harassment are not considered annoying and accosting. Phone calls are a separate category.) Often, annoying and accosting involves a man repeatedly following, shouting, making off-color suggestions, hooting, repeatedly asking for a date, or otherwise harassing a woman. It happens most often on the street and in the workplace. In all but one of the twelve incidents in 2008, the perpetrators were strangers to the victims. In the non-stranger incident, the perpetrator was a neighbor.

Indecent Assault

Indecent assault is the unwanted touching of a person by another in a private area or with sexual overtones. Any incident where force or injury occurs would be considered an aggravated assault rather than an indecent assault. In 2008, the victim knew the offender in 24 of the 46 incidents.

April saw the most indecent assaults this year with nine incidents, followed by May and November, which each had seven. There were fifteen incidents over the course of the year involving unknown males who approached their victims on the streets or in bars and grabbed them inappropriately, then fled. There was also a brief pattern in late October and November in which a male suspect on a bicycle was riding by female victims and indecently assaulting them as they walked on Cambridge streets or along the Charles River on Memorial Drive. Five of these assaults were reported, but no suspects were ever caught. Overall, arrests were made in a total of nine of the indecent assaults in 2008.

Indecent Exposure

Indecent exposure is the offensive, often suggestive display of one's body (usually the genitals) in public. The main offenders are typically vagrants or inebriated individuals. Nineteen (46%) of the forty-one indecent exposure incidents in 2008 involved suspects masturbating or engaging in sexual acts in public. Thirteen incidents (32%) involved individuals seen urinating in public. There were also eight flashing incidents. Arrests were made in 17 (41%) of the 41 incidents.

<i>Crime</i>	2007	2008
Indecent Assault	29	46
Indecent Exposure	26	41
Annoying & Accosting	8	12
Prostitution and Soliciting	0	3
Peeping & Spying	9	2
Obscene Telephone Calls	9	7

Obscene Telephone Calls

Obscene telephone calls are unwanted phone calls of an offensive or repulsive nature. Often the caller uses sexual or vulgar language to cause discomfort and possibly fear to the victim receiving the calls. In four of the seven incidents in 2008, the victim did not know who the caller was. In the three non-stranger incidents, one suspect was an ex-boyfriend of the victim's co-worker, one was a former employee of the victim, and one was a known Level 3 Sex Offender.

Peeping & Spying

Peeping and spying occurs most often when offenders peer through windows of houses or apartments, generally at night. However, unlike previous years, there were no reports of incidents like this in Cambridge in 2008. In the first peeping incident this year, a male suspect was observed following women around Kendall Sq and taking pictures of them from behind without their knowledge. In the other incident, a woman reported that an unknown male suspect repeatedly took pictures of her as she walked through Raymond Park on her way to work in the mornings. No arrests were made.

Prostitution & Soliciting Sex for a Fee

Prostitution is commonly associated with "streetwalking," (prostitutes working the streets) but also includes escort services, where a "john" (client) will call and a prostitute will be sent to the "john's" location. In the 1990's, the Special Investigations Unit proactively fought the visible "streetwalking" problem, nearly eradicating it in Cambridge. In 2008, two people were arrested in three prostitution/solicitation incidents.